

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/16/07	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		
Legal Name: County of Santa Barbara		Organizational Unit: Department: General Services		
Organizational DUNS: 1311851151		Division: Santa Barbara Multiple Species Habitat Conservation Plan		
Address: Street: 1105 Santa Barbara (Courthouse E. Wing)		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Santa Barbara		Prefix: Mr.	First Name: Grady	
County: Santa Barbara		Middle Name: Weston		
State: CA		Last Name: Williams		
Zip Code: 93103		Suffix:		
Country: USA		Email: gwilliams@countyofsb.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002833		Phone Number (give area code) (805) 568-3083		Fax Number (give area code) (805) 568-3249
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
TITLE (Name of Program): Cooperative Endangered Species Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County of Santa Barbara has pursued a method to establish a long-term conservation program to protect endangered species and mitigate effects of future development in the range of the CTS. This plan will protect stakeholders' land use interests, provide predictable and streamlined processes in land use permitting, and ensure economic viability.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Maria, County of Santa Barbara, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23rd b. Project 24th		
13. PROPOSED PROJECT Start Date: 04/2006 Ending Date: 11/2010		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/16/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 275,000				
b. Applicant \$ 275,000				
c. State \$ 0				
d. Local \$ 0				
e. Other \$ 0				
f. Program Income \$ 0				
g. TOTAL \$ 550,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Grady	Middle Name Weston		
Last Name Williams		Suffix		
b. Title Project manager		c. Telephone Number (give area code) (805) 568-3083		
d. Signature of Authorized Representative		e. Date Signed 1/16/07		

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Los Angeles Conservation Corps		Organizational Unit: Department: SEA Lab		
Organizational DUNS: 161928122		Division: Conservation Programs		
Address: Street: 605 W. Olympic Blvd., Suite 450		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Los Angeles		Prefix: Mr.	First Name: Phil	
County: Los Angeles		Middle Name		
State: CA		Last Name: Matero		
Zip Code: 90015	Suffix:			
Country: USA		Email: pmatero@lacorps.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4002138		Phone Number (give area code) (213) 747-1872, ext. 310		Fax Number (give area code) (213) 747-2944
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O: Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation		9. NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LACC's Fun Fishing Program will expose youth from LA's inner-city communities to the pleasures of sport fishing while educating them on proper handling and care of the fish they catch.		
13. PROPOSED PROJECT Start Date: 05/01/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 31		
Ending Date: 04/30/2009		b. Project 36		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 15,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/15/2007		
b. Applicant	\$ 6,327	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 21,327			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.	First Name: Bruce		Middle Name	
Last Name: Sailo			Suffix	
b. Title: Executive Director			c. Telephone Number (give area code) (213) 362-9000, ext. 203	
d. Signature of Authorized Representative			e. Date Signed January 12, 2007	

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Authorized for Local ReproductionStandard Form 424 (Rev. 8-2003)  
Prescribed by OMB Circular A-102

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 2. DATE SUBMITTED

## Applicant Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

JAN 16 2007

## 5. APPLICANT INFORMATION

## \* Organizational DUNS:

392538160000

\* Legal Name: The Regents of the University of California

Department: Office of Contract &amp; Grant Adm

Division: Univ. of Calif., Los Angeles

\* Street1: 10920 Wilshire Blvd., Suite 1200

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: Californ

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 90024-1403

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Barbara

Harris-Holdrege

\* Phone Number: 310-794-0179

Fax Number: 310-794-0631

Email: bharris-holdrege@resadmin.ucla.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

1956006143A1

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

## Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Community Petascale Project for Accelerator Science and Simulation

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

04/01/2007

03/31/2012

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

30

30

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Sven

Reiche

Position/Title: Assistant Researcher

\* Organization Name: The Regents of the University of California

Department: Department of Physics &amp; Astron

Division: Univ. of Calif., Los Angeles

\* Street1: 475 Portola Plaza

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90095-1547

\* Phone Number: 310-206-4540

Fax Number: 310-206-5251

\* Email: reiche@ucla.edu

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/ APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Barbara  Harris-Holdrege

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application****Add Attachment****21. Attach an additional list of Project Congressional Districts if needed.****Add Attachment**

Link to Attachment

New Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		
Legal Name:		Organizational Unit:		
County of Los Angeles		Department: Public Works		
Organizational DUNS: 809-440-835		Division: Aviation		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix: Mr.		
900 South Fremont Avenue, A-9E 1st Floor		First Name: Ted		
City: Alhambra		Middle Name: A.		
County: Los Angeles		Last Name: Gustin		
State: California		Suffix:		
Zip Code: 91603-1331		Email: tgustin@ladpw.org		
Country: USA		Phone Number (give area code): 626-300-4602		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000927		Fax Number (give area code): 626-300-4620		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106 TITLE (Name of Program): Airport Improvement Program (AIP)		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration - Airports Division		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Pacoima Area, City of Los Angeles, County of Los Angeles, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Master Plan Update		
<b>13. PROPOSED PROJECT</b> Start Date: July 2007 Ending Date: December 2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 24-38 b. Project 26		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 118,750.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/24/07		
b. Applicant	\$ 3,282.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 2,968.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 125,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative				
Prefix Mr.	First Name William	Middle Name H.		
Last Name Higley	Suffix			
b. Title Deputy Director	c. Telephone Number (give area code) 626-300-4602			
d. Signature of Authorized Representative	e. Date Signed 1/23/07			

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APPLICATION FOR  
FEDERAL ASSISTANCE2. DATE SUBMITTED  
January 18, 2007Applicant Identifier  
OXR 07-1

## 1. TYPE OF SUBMISSION

Application

☒ Construction☐ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

## 3. DATE RECEIVED BY STATE

State Applicant Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

NPIAS 3-06-0179-26

## 5. APPLICANT INFORMATION

Legal Name:

County of Ventura

Organizational Unit:

Department of Airports

Address (give city, county, state, and zip code):

Department of Airports  
555 Airport Way  
Camarillo, CA 93010

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Todd McNamee  
(805) 388-4200

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 9 4 4

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

B

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration  
Western Pacific Region10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

2 0 . 1 0 6

TITLE: Airport Improvement Program

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Drainage Improvement West End (design)

N S Property (Approx. 8.97 acres) & Aviagation Easement (Approx. 57.8 Acres)  
Acquisition including Environmental Assessment

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Ventura County

## 13. PROPOSED PROJECT:

Start Date

Ending Date

July 2007

December 2007

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

19 and 21

## 15. ESTIMATED FUNDING:

a. Federal	\$	2,000,000.00
b. Applicant	\$	105,263.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	2,105,263.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Todd McNamee

b. Title

Director of Airports

c. Telephone number

(805) 388-4200

d. Signature of Authorized Representative

e. Date Signed

January 18, 2007

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> January 16, 2007		Applicant Identifier CMA 07-1	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<input type="checkbox"/> <b>Pre-application</b> <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier NPIAS 3-06-0339-25	

**5. APPLICANT INFORMATION**

Legal Name: County of Ventura		<b>Organizational Unit:</b> Department: Department of Airports			
Organizational DUNS: 129771036		Division:			
<b>Address:</b> Street: 555 Airport Way, Suite B		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Todd Middle Name:			
City: Camarillo County: Venutra		Last Name McNamee			
State: CA	Zip Code 93010	Suffix:			
Country: USA		Email: todd.mcnamee@ventrua.org			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           95-6000944         </div>		Phone Number (give area code) (805) 388-4200		Fax Number (give area code) (805) 388-4366	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  Other (specify)			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">           20-106         </div>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Construct Parallel Taxiway from Taxiway "A" to "C" & High Speed exit TW "B" including drainage (design) Extend Aircraft Holding Apron Taxiway "A" & rehabilitate West Hangar Complex and Apron including drainage, ph 3 (construction)			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Ventura County		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration, Western Pacific Region			
<b>13. PROPOSED PROJECT</b> Start Date: July 2007		Ending Date: December 2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 23 & 24	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$	2,089,050		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	57,724		DATE:	
c. State	\$	52,226		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	2,199,000			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Mr.		First Name Todd		Middle Name	
Last Name McNamee				Suffix	
<b>b. Title</b> Director of Airports				<b>c. Telephone Number (give area code)</b> (805) 388-4200	
<b>d. Signature of Authorized Representative</b>				<b>e. Date Signed</b> February 2, 2006	



<b>APPLICATION FOR OMB FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>		
<b>1. TYPE OF SUBMISSION:</b>		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>		
<b>Application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>		
<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Tere Clay		<b>Organizational Unit:</b> Clay Books			
<b>Address (give city, county, State, and zip code):</b> 1708 Broadway, Oceanside, ca 92054		<b>Name and phone number of person to be contacted on matters involving this application (give area code):</b> 760/214-0662			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 20 - 5149590		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input type="checkbox"/> L A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify):			
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award C. Increase Duration    D. Decrease Duration E. Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> Office of Women's Business Ownership			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Upgrade Computer Hardware and Software, Purchase a Training and Reference Media Library.			
<b>12. AREAS AFFECTED BY PROJECT:</b> (Cities, Counties, States, etc.) San Diego County		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>           JAN 29 2007           STATE CLEARING HOUSE       </div>			
<b>13. PROPOSED PROJECT:</b> <table border="1"> <tr> <td><b>Start Date</b></td> <td><b>Ending Date</b></td> </tr> <tr> <td>01/01/2007</td> <td></td> </tr> </table>				<b>Start Date</b>	<b>Ending Date</b>
<b>Start Date</b>	<b>Ending Date</b>				
01/01/2007					
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$	<input type="checkbox"/> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  <input type="checkbox"/> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.			
b. Applicant	\$ 4,000.00				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$ 10,000.00				
g. TOTAL	\$ 14,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    (If "Yes", attach an explanation.)			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Type Name of Authorized Representative</b> Tere Clay		<b>b. Title</b> Owner	<b>c. Telephone Number</b> 760-214-0662		
<b>d. Signature of Authorized Representative</b> <i>Tere Clay</i>		<b>e. Date Signed</b> 1-26-07			

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):****\* Other (Specify)****\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

N/A

**5a. Federal Entity Identifier:**

N/A

**\* 5b. Federal Award Identifier:**

N/A

**State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:****\* a. Legal Name:** YOUNG CALIFORNIANS GROUP HOME, INC.**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

20-1935397

**\* c. Organizational DUNS:**

178660358

**d. Address:****\* Street1:**

P. O. BOX 1846

**Street2:****\* City:**

CHINO HILLS

**County:**

LOS ANGELES

**\* State:**

CA: California

**Province:****\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

91709

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STATE CLEARING HOUSE

**e. Organizational Unit:****Department Name:**

N/A

**Division Name:**

N/A

**f. Name and contact information of person to be contacted on matters involving this application:****Prefix:**

Mr.

**\* First Name:**

RAYMOND

**Middle Name:**

DEWAYNE

**\* Last Name:**

YOUNG

**Suffix:****Title:** PRESIDENT/EXECUTIVE DIRECTOR**Organizational Affiliation:**

None

**\* Telephone Number:**

323-377-0137

**Fax Number:**

909-992-1257

**\* Email:**

rdy1966@ca.rr.com

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/29/2007		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: COUNTY OF SAN DIEGO			Organizational Unit: Department: PUBLIC WORKS		
Organizational DUNS: 00-9581646			Division: AIRPORTS		
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER		
State: CA Zip Code: 92020			Suffix:		
Country: USA			Email: Peter.Drinkwater@sdcountry.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934			Phone Number (give area code) (619) 956-4800		Fax Number (give area code) (619) 956-4801
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FALLBROOK, SAN DIEGO, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FALLBROOK COMMUNITY AIRPARK - MASTER PLAN UPDATE, REQUIRED ENVIRONMENTAL ASSESSMENT ON AIRPORT'S PROJECTS AND WORK NEEDED TO ENHANCE OPERATIONAL SAFETY.		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 48		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 150,000			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/01/07 (FAX) (916) 323-3018 Attn: Sheila Brown		
b. Applicant \$ 4,145			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 3,750			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 157,500					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name PETER		Middle Name	
Last Name DRINKWATER				Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS				c. Telephone Number (give area code) (619) 956-4800	
d. Signature of Authorized Representative				e. Date Signed 01/29/2007	

Version 7/03

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b> 01/29/2007		Applicant Identifier	
<b>1. TYPE OF SUBMISSION:</b>		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: <b>City of California City, California</b>			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: 21000 Hacienda Blvd			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: California City			Prefix: First Name: <b>Ramon</b>		
County: Kern			Middle Name: <b>H</b>		
State: California Zip Code: 93605			Last Name: <b>Pantoja</b>		
Country: United States			Suffix:		
			Email: rpantoja@heltengineering.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER E/M:</b>			Phone number (give area code): FAX number (give area code):		
95 - 240 87 63			(661) 323-6045 (661) 323-0799		
<b>8. TYPE OF APPLICATION:</b>			<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b>		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)			C		
Other (specify)			Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER</b>			<b>9. NAME OF FEDERAL AGENCY</b>		
2 0 - 1 0 6			Department of Transportation/Federal Aviation Administration		
TITLE: Airport Improvement Program			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>			Construction for Widening Runway 6-24 from 60 feet to 75 feet for 60,000 pounds gross aircraft weight, and to remove and replace runway lighting at City of California City Municipal Airport.		
<b>13. PROPOSED PROJECT</b>			<b>14. CONGRESSIONAL DISTRICTS OF</b>		
Start Date April, 2007		Ending Date July, 2007		a. Applicant 22	
b. Project		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b>			
<b>15. ESTIMATED FUNDING</b>		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
a. Federal	\$ 1,797,294 .00	DATE: 01/29/2007			
b. Applicant	\$ 94,594 .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No			
f. Program Income	\$ .00				
g. TOTAL	\$ 1,891,888 .00				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative					
Prefix Mr.		First Name William		Middle Name W.	
Last Name Way				Suffix	
b. Title City Manager				c. Telephone number (give area code)	
				(760) 373-7170	
d. Signature of Authorized Representative				e. Date Signed 01/26/2007	

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Standard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 2. DATE SUBMITTED

## Applicant Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 4. Federal Identifier

DE-FG02-91ER40662-Supplemental

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 092530369

\* Legal Name: The Regents of the University of California

Department: Office of Contract &amp; Grant Adm

Division: UCLA

\* Street1: 10920 Wilshire Blvd., Suite 200

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90024-1406

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STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms.

Karen

Marchant

\* Phone Number: 310-794-1067

Fax Number: 310-794-0631

Email: kmarchant@resadmin.ucla.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

1956006143A1

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Supplemental Funding Proposal for UCLA HEP-Theory Graduate Student Support

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

01/15/2007

01/14/2008

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

CA-030

b. \* Project

CA-03

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Prof.

Zvi

Bern

Position/Title: Professor of Physics

\* Organization Name: The Regents of the University of California

Department: Physics and Astronomy

Division: UCLA

\* Street1: 475 Portola Plaza

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90095-1547

\* Phone Number: 310-825-8528

Fax Number: 310-206-5668

\* Email: bern@physics.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW/ ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

Add Attachment

Deleted Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008